

1. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

FEB 16 1937

1. PLACE OF DEATH

County Franklin  
Township Boeing  
City Boeing (No.       )

Registration District No. 292  
Primary Registration District No. 5410

File No. 5801  
Registered No.         
St.        Ward       

2. FULL NAME Mrs William Hattlemann

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Hattlemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 - 1862</u>		
7. AGE YEARS <u>74</u> MONTHS <u>7</u> DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wf's</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>      </u>	
	10. Date deceased last worked at this occupation (month and year) <u>      </u>	
11. Total time (years) spent in this occupation <u>      </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Haven Me</u>		
FATHER	13. NAME <u>Wm Velt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Dora Knudt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	17. INFORMANT <u>Rolande Hattlemann</u> (ADDRESS) <u>New Haven</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Haven Cem</u> DATE <u>2-8</u> 19 <u>37</u>	
19. UNDERTAKER <u>C. E. Berkey, Son</u> (ADDRESS) <u>New Haven Me</u>		
20. FILED <u>Feb 8</u> 19 <u>37</u> <u>Jeffrey Hattlemann</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/37

22. I HEREBY CERTIFY, That I attended deceased from 1-1-34, 19      , to 2/6/37, 1937  
I last saw h. alive on 2-2 1937 Death is said to have occurred on the date stated above, at 2300 hrs  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
Date of onset       

Other contributory causes of importance:  
      

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 19        
Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.       

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?         
If so, specify         
(Signed) C. E. Berkey, M. D.  
(Address) New Haven Me

